

State Bar of California
2003-2004 SECTION ENROLLMENT FORM

HOW TO ENROLL: Print this form, fill it out and mail it with a check or credit card information to: Section Enrollments, The State Bar of California, 180 Howard Street, San Francisco, CA 94105-1639. Or, fax the form to 415-538-2368 (credit card payments only). Newsletters and other Section communications will be mailed to your address of record with the State Bar. For information on how to update your address of record, see Member Profile on the State Bar Home Page.

Name:	
California Bar Number:	
Firm:	
Street Address:	
City, State and Zip:	
Telephone:	Fax:
E-mail address:	
ENROLLMENT: Please enroll me in the Section(s) indicated below:	
<input type="checkbox"/> \$70 Antitrust & Unfair Competition Law <input type="checkbox"/> \$60 Business Law <input type="checkbox"/> \$65 Criminal Law <input type="checkbox"/> \$70 Environmental Law <input type="checkbox"/> \$70 Family Law <input type="checkbox"/> \$60 Intellectual Property <input type="checkbox"/> \$60 International Law <input type="checkbox"/> \$65 Labor & Employment Law	<input type="checkbox"/> \$60 Law Practice Management and Technology <input type="checkbox"/> \$65 Litigation <input type="checkbox"/> \$60 Public Law <input type="checkbox"/> \$65 Real Property Law <input type="checkbox"/> \$60 Solo and Small Firm <input type="checkbox"/> \$60 Taxation <input type="checkbox"/> \$60 Trusts & Estates <input type="checkbox"/> \$65 Workers' Compensation
TOTAL FEE(S) = _____	
<p>PAYMENT: Payment of your Section enrollment(s) may be made by check or credit card. Checks should be made payable to the State Bar of California.</p> <p>CREDIT CARD (Visa/MasterCard only): I authorize the State Bar of California to charge my section(s) enrollment to my VISA or MasterCard account. (No other credit cards will be accepted.)</p>	
Account Number:	
Expiration Date:	
Cardholder's Name:	
Cardholder's Signature:	

SOURCE CODE 02